

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)				SERIAL NO. <b>097555028</b>	FILING DATE		
				APPLICANT(S)			
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DE	IND.	DEP.	IND.	DEP.	
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TOTAL IND.							
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